

PERMANENT RECORD
WHITE PLAINLY WITH UNFADING INK
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>123</u>
District of <u>Arizona</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>793</u>
Town of <u>Globe</u>			Local Registrar No. _____
or _____			
City of _____	No. <u>387 Hackney Ave.</u>		St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>James Peter Gaudino</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
		5. No., in order of birth _____	7. Date of birth <u>Oct. 8 1924</u>
			Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Peter Gaudino</u>		Full maiden name <u>Vittoria Maga</u>	
9. Residence <u>387 Hackney Ave. Globe, Arizona</u>		15. Residence <u>387 Hackney Ave. Globe, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state _____		If nonresident, give place and state _____	
16. Color or race <u>White</u>	11. Age at last birthday <u>54</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>42</u> (Years)
12. Birthplace (city or place) <u>Italy</u>		18. Birthplace (city or place) <u>Italy</u>	
(State or country)		(State or country)	
13. Occupation <u>Confectioner</u>		19. Occupation <u>Housekeeper</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>None</u>			
(c) Stillborn <u>None</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>12:05 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>[Signature]</u>	
		(Physician or midwife)	
Address _____			
Given name added from _____		Filed <u>10-13</u> 19 <u>24</u>	
a supplemental report _____		Filed <u>11-8</u> 19 <u>24</u>	
Month, day, year.		County Registrar.	
Registrar.			

176-1008-541